Division of MH/DD/SA Services

Consumer Data Warehouse (CDW)

LME/Area Programs

Reporting Requirements

July 1, 2006, Version 1.9

Overview

In July 1999, the Division of Mental Health/Developmental Disabilities/Substance Abuse Services (MH/DD/SAS) replaced the old Client Information System with a modern Consumer Data Warehouse (CDW). The CDW is the data repository for demographic, clinical, outcomes and satisfaction data about clients served by MH/DD/SAS. The data stored in the CDW is the primary source of information for Mental Health Block Grant (MHBG) and Substance Abuse Block Grant (SABG) reporting as well as Legislative requests. Additionally, the CDW provides a rich source of information for planning and evaluation of the MH/DD/SAS Services provided to the citizens of North Carolina.

In an effort to reduce data redundancy and to improve reporting capabilities the CDW is undergoing substantial changes in the area of data integration. In addition to the data submitted to the CDW by the Area Program/LME's, data extracts taken from secondary data sources such as IPRS, NC-TOPPS, and Consumer Satisfaction Surveys are now being integrated and stored in the CDW. The integration of these new data sources is made possible by the utilization of the cross reference process within the Department of Health and Human Services Common Name Data Service (CNDS).

This document contains the Reporting File Formats with associated data dictionary names and data value edits.

Summary of Key Characteristics of the CDW

- All data must be reported electronically; no paper forms are accepted
- Records with fatal errors (see File Format section below) will be returned to the area program electronically and must be resubmitted electronically.
- Data may be submitted daily, weekly, or monthly
- Data is expected to be updated periodically; it must be sent more frequently than on admission (see below for expected schedules)
- Files must be sent in standard Electronic Data Interchange (EDI) format - a single file with multiple record types, and should be ordered in the same sequence in which it was transacted.
- Data fields may be Mandatory, Required, or Optional
- "Data Dumps" are available upon request

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File Formats

Data Element Edits

1. If a field is MANDATORY in the Reporting Requirements and a blank or invalid value is sent, the record will be rejected and returned to the area program electronically. The area program must then correct it and resubmit it electronically.

2. If a field is REQUIRED in the Reporting Requirements, the Division expects to receive it with the record. The record will be accepted without it, however, periodic reports will be issued to indicate which of these data elements is missing or incorrect and must be fixed.

3. If a field is OPTIONAL in the Reporting Requirements, the record will be accepted without it and periodic reports will not be issued to indicate which of these data elements is missing. This field was included to conform with the recommendations of the Mental Health Statistical Improvement Program (MHSIP); it could be required in the future.

4. It is required that all alphanumeric fields be left-justified and padded with spaces to the right. It is required that numeric or integer fields be right-justified with leading zeroes.

5. All dates must be in the format yyyymmdd - year, month, day

6. Duplicate records: If an ADD record of any type is received with an area program number, client number, and applicable date e.g. admit date, discharge date, diagnosis effective date matching a record already in the database, the record received will be rejected as a duplicate and returned to the area program.

7. Client number = Case number

8. The Data Dictionary enclosed with this document provides detailed information about each data element. The data element will be listed under the 'Data Dictionary Data Code' as described in the tables. This dictionary is for reference only; please use information in the reporting requirements if there is an apparent discrepancy between the dictionary and the requirements.

File Structure

1. A minimum of one file from each Area Program for each month is expected, however files can be sent on a daily basis.

2. Different types of records within the file have different lengths but, unless otherwise indicated, the record length is fixed for a given record type. However, filler at the end of each record is not required.

3. All records should be separated by a carriage return (HEX 0D). *This is an inherent byproduct of the WS_FTP software product and does not need to be programmed into the file if WS_FTP is used. For other FTP software, check manufacturers specifications.*

4. The records should be sequenced by client number i.e. all record types for one client should be together, and in the same order in which the transactions occurred.

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5. An end of file marker must be present at the end of the file, after the Trailer Record.
    (HEX 1C). *This is an inherent byproduct of the WS_FTP software product and does not need to be
    programmed into the file if WS_FTP is used. For other FTP software, check manufacturers
    specifications.*
                        Header Record - Mandatory
                        Various records (record type 10 through 88)
                        Trailer Record - Mandatory

6. All records updated or added in a month must be included in the monthly file; not just the latest ones
    for a consumer i.e. selection should be on last update date.

7. It is preferred that only those records that change are sent; however it is acceptable to send update
    records with no modified elements.

There are 12 possible records for transmission. These are:

Record Name	Record No.	Transmit Frequency
Header Record	**00**	Beg of file-Mandatory
Identifying Information	**10, 30**	Daily-Monthly
Screening Information	**71,72,73**	**Daily-**Monthly
Demographics	**11, 31, 81**	**Daily-**Monthly
Consumer Discharge Details	**12, 32, 82**	**Daily-**Monthly
Diagnosis Details	**13, 33, 83**	**Daily-**Monthly
Disability Details	**14, 34, 84**	**Daily-**Monthly
Special Population Details	**15, 35, 85**	**Daily-**Monthly
Risk Factor Details	**16, 36, 86**	**Daily-**Monthly
Substance Abuse Details	**17, 37, 87**	**Daily-**Monthly
Substance Abuse Treatment (movement) Details	**18, 38, 88**	**Daily-**Monthly
Trailer Record	**99**	End of file-Mandatory

1n = Add new record
3n = Update existing record
8n = Delete erroneously sent record; **all fields on this record MUST match those on record being
    deleted or the delete record will be rejected.**

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Name	**Header Record Format**
Description	This record provides identifying information including the process date and the data source (area program).
Frequency	First record of each file
Record Size	15 Bytes
Rules	Mandatory in all files as first record

Send one record:
- in each file
- the area program/process date combination must be unique. If the same file is sent more than once i.e. with the same area program/process date combination, the entire file will be rejected.

#	Data Name	Format	Data Dictionary Data Code	Mandatory /Optional	Position	Valid Values/Remarks
1.	Record Type	Char(2)		Mandatory	1-2	'00' : Header
2.	Area Program	Char(5)	cons_area_pgm_fac + area_pgm_code	Mandatory	3-7	
3.	Process Date	Char(8)		Mandatory	8-15	YYYYMMDD - Date file is created

Name   **Trailer Record Format**

Description   This record provides identifying information including the area program, the process date and number of records being transmitted

Frequency   Last record of each file

Record Size   25 Bytes

Rules   Mandatory in all files as last record

Send one record:
- in each file

#	Data Name	Format	Data Dictionary Data Code	Mandatory /Optional	Position	Valid Values
1.	Record Type	Char(2)		Mandatory	1-2	'99' : Trailer
2.	Area Program	Char(5)	cons_area_pgm_fac + area_pgm_code	Mandatory	3-7	
3.	Process Date	Char(8)		Mandatory	8-15	YYYYMMDD - Date file is created
4.	Total Number of Records	Num(10)		Mandatory	16-25	9999999999 - including header and trailer record

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Name   **Identifying Information**

Description   This record provides identifying information about consumers. This data will be used to:

- ensure that data received from different sources about the same consumer is associated with the same consumer in the warehouse and

- facilitate sharing data with other state systems as necessary for statistical analysis and planning.

This data will be stored in an encrypted format and will not be available on any reports or queries.

Frequency   Daily

Record Size   130 Bytes

Rules   Mandatory for all new consumers (clients).

Send a record:

- for each new consumer

- when a new identifier is collected or

- the existing identifier information is modified

Notes   1.   This record can be sent in one of two alternate formats

2.   All of the different identifiers are described in the Data Dictionary under the data element 'Identifier'.

Format 1

#	Data Name	Format	Data Dictionary Data Code	Key Field	Mandatory /Optional	Position	Valid Values
1.	Record Type	Char(2)			Mandatory	1-2	'10' : Add '30' : Update
2.	Identifier Type 01	Char(1)	identifier_type	Yes	Mandatory	3	'A' : Area Program
3.	Area Program	Char(5)	cons_area_pgm_fac + area_pgm_code	Yes	Mandatory	4-8	
4.	Client Number	Char(10)	cons_id_identifier	Yes	Mandatory	9-18	Area Program Client Record Number - Case Number
5.	Identifier Type 02	Char(1)	identifier_type		Mandatory	19	'U' : Unique Identifier

6.	Unique Identifier	Char(15)	cons_id_identifier		Mandatory	20-34	Used by most DMH systems - consists of first three characters of last (maiden) name, first character of first name, six character birth date, and an identifier if more than one consumer with same id
7.	Identifier Type 03	Char(1)	identifier_type		Optional	35	'S' : SSN Blank
8.	SSN	Char(15)	cons_id_identifier		Mandatory if the previous field = 'S'	36-50	Nine digit numeric **Encrypted**
9.	Identifier Type 04	Char(1)	identifier_type		Optional	51	'D' : Driver License Blank
10.	Driver License	Char(15)	cons_id_identifier		Mandatory if the Previous field = 'D'	52-66	Non Blank
11.	Identifier Type 05	Char(1)	identifier_type		Optional	67	'M' : Medicaid Blank
12.	Medicaid Number	Char(15)	cons_id_identifier		Mandatory if the previous field = 'M'	68-82	Non Blank **Encrypted**
13.	Identifier Type 06	Char(1)	identifier_type		Optional	83-83	'R' : Medicare Blank
14.	Medicare Number	Char(15)	cons_id_identifier		Mandatory if the previous field = 'R'	84-98	Non Blank **Encrypted**
15.	Identifier Type 07	Char(1)	identifier_type		Future	99	
16.	Identifier	Char(15)	cons_id_identifier		Future	100-114	
17.	Identifier Type 08	Char(1)	identifier_type		Future	115	
18.	Identifier	Char(15)	cons_id_identifier		Future	116-130	

Identifying Information: Format 2

#	Data Name	Format	Data Dictionary Data Code	Key Field	Mandatory /Optional	Position	Valid Values
1.	Record Type	Char(2)			Mandatory	1-2	'10' : Add '30' : Update
2.	Identifier Type 01	Char(1)	identifier_type	Yes	Mandatory	3	'A' : Area Program
3.	Area Program	Char(5)	cons_area_pgm_fac + area_pgm_code	Yes	Mandatory	4-8	
4.	Client Number	Char(10)	cons_id_identifier	Yes	Mandatory	9-18	Area Program Client Record Number - Case Number
5.	Identifier Type 02	Char(1)	identifier_type		Mandatory	19	'U' : Unique Identifier
6.	Unique Identifier	Char(15)	cons_id_identifier		Mandatory	20-34	Used by most DMH systems - consists of first three characters of last (maiden) name, first character of first name, six character birth date, and an identifier if more than one consumer with same id
7.	Identifier Type	Char(1)	identifier_type		Optional	35	Valid Values 'U', 'S', 'D', 'M' and 'R'
8.	Identifier	Char(15)	cons_id_identifier		Mandatory if the previous field is non blank	36-50	This field should contain the value base on the contents of the previous filed. If the previous field is: 'S' : **Encrypted** Social Security Number 'D' : Drivers License Number 'M' : **Encrypted** Medicaid Number 'R' : **Encrypted** Medicare Number

Note: Fields 7,8 can occur 4 times to send a variety of identifiers in one record.

Name   **Screening**

Description   This record provides screening, triage and descriptive information about consumers.

Frequency   Daily;

Record Size   108 Bytes

Rules   Mandatory for all persons requesting a new episode of care

              Send a record :

- When a screening has occurred and the client is not already being served by the LME or Contract Provider

#	Data Name	Format	Data Dictionary Data Code	Key Field	Mandatory /Optional	Position	Valid Values/Remarks
1.	Record Type	Char(2)			Mandatory	1-2	'71' : Add '72' : Update '73' : Delete
2.	Area Program	Char(5)	cons_area_pgm_fac + area_pgm_code	Yes	Mandatory	3-7	
3.	Client Number	Char(10)	cons_id_identifier	Yes	Mandatory	8-17	Case Number
4.	Screening Date	Char(8)	cons_scr_date	Yes	Mandatory	18-25	YYYYMMDD
5.	Access/Triage Timeline	Char(1)	access_timeline		Mandatory	26	E=Emergent, R=Routine, U=Urgent
6.	Where Referred After Triage	Char(1)	where_ref_after_triag		Mandatory	27	E=Enhanced, B=Basic Benefit, C=Community Resources, R=Crisis S=State Operated Facility, N=No Referral
7.	Screening Time Begin	Char (4)	screen_time_begin		Mandatory	28-31	HHMM
8.	Screening Time End	Char (4)	screen_time_end		Mandatory	32-35	HHMM
9.	Screening Method	Char (1)	screen_method		Mandatory	36	F=Face to Face, T=Telephonic
10.	County of Residence	Char (3)	screen_county_resid		Mandatory	37-39	
11.	Currently Enrolled In Medicaid	Char (1)	screen_medicaid_enrollment		Mandatory	40	N=No, Y=Yes
12.	Presenting Age/Disability Problem 1	Char (2)	screen_pres_agedis_prob1		Mandatory	41-42	AM=Adult Mental Health CM=Child Mental Health AD=Adult Developmental Disability CD=Child Developmental Disability AS=Adult Substance Abuse CS=Child Substance Abuse

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#	Data Name	Format	Data Dictionary Data Code	Key Field	Mandatory/ Optional	Position	Valid Values/Remarks
13.	Presenting Age/Disability Problem 2	Char (2)	screen_pres_agedis_prob2		Mandatory if applicable	43-44	AM=Adult Mental Health CM=Child Mental Health AD=Adult Developmental Disability CD=Child Developmental Disability AS=Adult Substance Abuse CS=Child Substance Abuse
14.	Presenting Age/Disability Problem 3	Char (2)	screen_pres_agedis_prob3		Mandatory if applicable	45-46	AM=Adult Mental Health CM=Child Mental Health AD=Adult Developmental Disability CD=Child Developmental Disability AS=Adult Substance Abuse CS=Child Substance Abuse
15.	Appointment Date	Char (8)	appoint_date		Mandatory if data item 6 is E, R, S	47-54	YYYYMMDD
16.	Appointment Time	Char (4)	appoint_time		Mandatory if data item 6 is E, R, S	55-58	HHMM
17.	Filler	Char (50)			Optional	59-108	Spaces

Name	**Demographics**	
Description	This record provides admission and descriptive information about consumers.	
Frequency	Daily	
Record Size	108 Bytes	
Rules	Mandatory for all new consumers (clients) <mark>who are receiving Crisis Services or are a presumed member of a target population</mark>	

Send a record :
- <mark>for each new consumer (episode of care)</mark>
- when new data is collected
- when the existing demographic information is modified
- when an admission is deleted

#	Data Name	Format	Data Dictionary Data Code	Key Field	Mandatory /Optional	Position	Valid Values/Remarks
18.	Record Type	Char(2)			Mandatory	1-2	'11' : Add '31' : Update '81' : Delete
	Area Program	Char(5)	cons_area_pgm_fac + area_pgm_code	Yes	Mandatory	3-7	
20.	Client Number	Char(10)	cons_id_identifier	Yes	Mandatory	8-17	Case Number
21.	Admission Date	Char(8)	cons_adm_date	Yes	Mandatory	18-25	YYYYMMDD
22.	County of Residence	Char(3)	cons_county_reside; county_code		Mandatory	26-28	
23.	Date of Birth	Char(8)	cons_date_of_birth		Mandatory	29-36	Mandatory for Add and Update
24.	Ethnicity	Char(2)	ethnicity		Mandatory	37-38	
25.	Marital Status	Char(1)	marital_status		Mandatory	39	
26.	Race	Char(1)	race		Mandatory	40	
27.	Gender	Char(1)	gender		Mandatory	41	
28.	State of Residence	Char(2)	state_of_residence		Optional	42-43	
29.	Ability to Pay	Char(1)	ability_to_pay		Optional	44	"U"=unknown
30.	Commitment Status	Char(3)	commit_status_ap		Optional	45-47	
31.	Competency Status	Char(1)	competency_status		Optional	48	

#	Data Name	Format	Data Dictionary Data Code	Key Field	Mandatory /Optional	Position	Valid Values/Remarks
32.	Court Order Type	Char(1)	court_order_type		Optional	49	7 = Assessment & evaluation 8 = Evaluation & treatment 9 = Treatment 0=None
33.	Employer Assisted Program (EAP) Employer Code	Char(3)	eap_code		Optional	50-52	
34.	Education Level at Admission	Char(2)	education_level		Mandatory	53-54	
35.	Employment Status	Char(2)	employment_status		Mandatory	55-56	
36.	Living Arrangement	Char(2)	living_arrang		Mandatory	57-58	
37.	Admission Referral Source	Char(2)	adm_ref_src		Mandatory	59-60	
38.	Veteran Status	Char(1)	cons_veteran_status		Mandatory	61	
39.	Consumer Status	Char(1)	consv_status		Mandatory	62	Send 'D' if admission is to be deleted **for record type '31'**
40.	Consumer Status Date	Char(8)	cons_status_date		Mandatory	63-70	YYYYMMDD
41.	Last Served Date	Char(8)	cons_last_served_date		Optional	71-78	YYYYMMDD must be >= Admit Date and <= Discharge Date, if present
42.	Accommodation for Special Needs	Char(2)	accomm_for_handi		Optional	79-80	
43.	English Proficiency	Char(1)	english_proficiency		Mandatory	81	
44.	Primary Language	Char(1)	primary_language		Optional	82	
45.	Legally Responsible Person	Char(2)	legally_resp_person		Optional	83-84	
46.	Zip Code	Char(9)	zipcode		Mandatory	85-93	
47.	Filler	Char(15)			Optional	94-108	Spaces

Name	**Consumer Episode Completion (Discharge Details)**
Description	This record provides information on discharged consumers.
Frequency	Daily
Record Size	40 Bytes
Rules	<mark>This record is mandatory for all consumers who have completed an episode of care (discharged) during the reporting period.</mark>

Send a record

- <mark>When a client completes an episode of care (discharged) during the report period. An episode of care is defined by the end of service (60 days uninterrupted time period when there is no billable service for the client IPRS or Medicaid, or no NCTOPPS), except for the Adult Mental Health Stable Recovery Population clients who may experience up to a 365 day break in service before a discharge record is required.</mark>

#	Data Name	Format	Data Dictionary Data Code	Key Field	Mandatory /Optional	Position	Valid Values/Remarks
1.	Record Type	Char(2)			Mandatory	1-2	'12': Add '32': Update '82': Delete
2.	Area Program	Char(5)	cons_area_pgm_fac + area_pgm_code	Yes	Mandatory	3-7	
3.	Client Number	Char(10)	cons_id_identifier	Yes	Mandatory	8-17	Case Number
4.	Discharge Date	Char(8)	cons_status_date		Mandatory	18-25	YYYYMMDD must be >= Admit Date and <= Last Served Date
5.	Discharge Reason	Char(1)	dischv_reason		Mandatory	26	
6.	Discharge Referral To	Char(2)	dischv_ref_src; adm_ref_src		Mandatory	27-28	
7.	Discharge Living Arrangement	Char(2)	living_arrang		Mandatory	29-30	
8.	Filler	Char(10)			Optional	31-40	Spaces

Area Programs/LME Reporting Requirements CDW   **CDW**

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Name   **Diagnosis Details (This record is required for selected clients). DMH/DD/SAS requires that these records (13, 33, 83) be sent for Non-UCR, Private Pay**, and **TNC**

Description   This record provides diagnostic information about consumers.

Frequency   Daily

Record Size 60 Bytes

Rules   Send a record

- for each new diagnosis identified during the reporting period for each consumer
- if the end date is updated for a diagnosis i.e. it is determined that a diagnosis is no longer appropriate for a consumer.

#	Data Name	Format	Data Dictionary Data Code	Key Field	Mandatory /Optional	Position	Valid Values/Remarks
1.	Record Type	Char(2)			Mandatory	1-2	'13' : Add '33' : Update '83' : Delete
2.	Area Program	Char(5)	cons_area_pgm_fac + area_pgm_code	Yes	Mandatory	3-7	
3.	Client Number	Char(10)	cons_id_identifier	Yes	Mandatory	8-17	Case Number
4.	Diagnosis Effective Date	Char(8)	diag_start_date	Yes	Mandatory	18-25	YYYYMMDD
5.	Diagnosis Order	Char(1)	diagv_class	Yes	Mandatory	26	Order of Importance 1-9, A-Z 1 = P (Principle) 2-6 = R (Primary) 7 or greater = A (Additional)
6.	Diagnosis Code	Char(10)	diagv_code_num	Yes	Mandatory	27-36	Numbers only; do not send decimals
7.	Diagnosis Axis Code	Char(1)	diagv_axis_code	Yes	Optional	37	
8.	Pregnancy Status	Char(1)	Stored as special population = 'P' specv_type		Mandatory if Gender = 'F'	38	Y = Yes N = No
9.	Diagnosis End Date	Char(8)	diag_end_date		Optional	39-46	If sent, in YYYYMMDD format. Cannot be future date.
10.	Filler	Char(14)			Optional	47-60	Spaces

Name   **Disability Details (This record is optional). DMH/DD/SAS no longer requires that these records (14, 34, 84) be sent.**

Description   This record provides disability information about consumers.

Frequency   Daily   **Discontinued**

Record Size   70 Bytes

Rules

Send a record
- for each new disability identified during the reporting period for each consumer
- for any disability information updated during the reporting period
- if you choose to report, all current processing rules will remain in effect

#	Data Name	Format	Data Dictionary Data Code	Key Field	Mandatory /Optional	Position	Valid Values/Remarks
1.	Record Type	Char(2)			Mandatory	1-2	'14' : Add '34' : Update '84' : Delete
2.	Area Program	Char(5)	cons_area_pgm_fac + area_pgm_code	Yes	Mandatory	3-7	
3.	Client Number	Char(10)	cons_id_identifier	Yes	Mandatory	8-17	Case Number
4.	Disability Start Date	Char(8)	disa_start_date	Yes	Mandatory	18-25	YYYYMMDD
5.	Disability Class	Char(1)	disav_class	Yes	Mandatory	26	
6.	Disability Code	Char(2)	disav_code	Yes	Mandatory	27-28	
7.	Disability Level of Eligibility (LOE)	Char(1)	disav_loe		Mandatory	29	If value of '5' then at least one assessment scale must be NC-SNAP If value of 'H' then at least one assessment scale must be ASAM.
8.	Disability Functional Assessment Score 1	Char(3)	disa_fa_score		Required for Primary; else Optional	30-32	
9.	Disability Functional Assessment Date 1	Char(8)	disa_fa_date		Required for Primary; else Optional	33-40	YYYYMMDD

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#	Data Name	Format	Data Dictionary Data Code	Key Field	Mandatory /Optional	Position	Valid Values/Remarks
10.	Disability Functional Assessment Scale 1	Char(1)	disav_fa_scale		Required for Primary; else Optional	41	
11.	Disability Functional Assessment Score 2	Char(3)	disa_fa_score		Optional	42-44	
12.	Disability Functional Assessment Date 2	Char(8)	disa_fa_date		Optional	45-52	YYYYMMDD
13.	Disability Functional Assessment Scale 2	Char(1)	disav_fa_scale		Optional	53	
14.	Disability End Date	Char(8)	disa_end_date		Optional	54-61	If sent, in YYYYMMDD format. Future dates permitted for compliance with IPRS.
15.	Filler	Char(10)			Optional	61-70	Spaces

Name **Special Population Details (This record is optional). DMH/DD/SAS no longer requires that these records (15,35,85) be sent.**

Description One record is provided for each special population to which a consumer belongs. Any number of special population records can be sent for a consumer.

Frequency Daily **Discontinued**

Record Size 40 Bytes

Rules

Send a record
- this record is required only if a consumer belongs to a special population as defined in the Data Dictionary, it is not required for every consumer
- for each special population identified for a consumer during the reporting period
- when an existing special population is no longer valid for a consumer
- if you choose to report, all current processing rules will remain in effect

*Note: For female clients with principle or primary diagnosis of substance abuse, and pregnancy status of 'Y', **this record will automatically be generated by our system,** however sending a '15' will not result in an error.

#	Data Name	Format	Data Dictionary Data Code	Key Field	Mandatory /Optional	Position	Valid Values/Remarks
1.	Record Type	Char(2)			Mandatory	1-2	'15' : Add '35' : Update '85' : Delete
2.	Area Program	Char(5)	cons_area_pgm_fac + area_pgm_code	Yes	Mandatory	3-7	
3.	Client Number	Char(10)	cons_id_identifier	Yes	Mandatory	8-17	Case Number
4.	Special Population Type	Char(1)	specv_type	Yes	Mandatory	18	
5.	Special Population Start Date	Char(8)	spec_start_date	Yes	Mandatory	19-26	YYYYMMDD
6.	Special Population End Date	Char(8)	spec_end_date		Optional	27-34	If sent, in YYYYMMDD format Cannot be future date.
7.	Filler	Char(6)			Optional	35-40	Spaces

Name   **Risk Factor Details(This record is optional). DMH/DD/SAS no longer requires that these records (16, 36, 86) be sent.**

Description   Up to 12 risk factors can be identified for a child . These are used for the Governor's At Risk Report.

Frequency   Daily   **Discontinued**

Record Size   50 Bytes

Rules

          Send one record
          - this record is required only if a consumer is in one of these Risk groups as defined in the Data Dictionary, it is not required for every consumer
          - when the risk factors are collected or updated for a consumer during the reporting period
          - if record is provided, at least one Risk Factor is expected
          - update record replaces all existing risk factors

#	Data Name	Format	Data Dictionary Data Code	Key Field	Mandatory /Optional	Position	Valid Values/Remarks
1.	Record Type	Char(2)			Mandatory	1-2	'16' : Add '36' : Update '86' : Delete
2.	Area Program	Char(5)	cons_area_pgm_fac + area_pgm_code	Yes	Mandatory	2-7	
3.	Client Number	Char(10)	cons_id_identifier	Yes	Mandatory	8-17	Case Number
4.	Risk Factor 1	Char(2)	riskv_factor		Mandatory	18-19	
5.	Risk Factor 2	Char(2)	riskv_factor		Optional	20-21	
6.	Risk Factor 3	Char(2)	riskv_factor		Optional	22-23	
7.	Risk Factor 4	Char(2)	riskv_factor		Optional	24-25	
8.	Risk Factor 5	Char(2)	riskv_factor		Optional	26-27	
9.	Risk Factor 6	Char(2)	riskv_factor		Optional	28-29	
10.	Risk Factor 7	Char(2)	riskv_factor		Optional	30-31	
11.	Risk Factor 8	Char(2)	riskv_factor		Optional	32-33	
12.	Risk Factor 9	Char(2)	riskv_factor		Optional	34-35	
13.	Risk Factor 10	Char(2)	riskv_factor		Optional	36-37	
14.	Risk Factor 11	Char(2)	riskv_factor		Optional	38-39	
15.	Risk Factor 12	Char(2)	riskv_factor		Optional	40-41	
16.	Filler	Char(9)			Optional	42-50	Spaces

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Name	**Substance Abuse (Drug of Choice) Details**
Description	This record provides substance abuse information for all consumers with a substance abuse diagnosis. It is required within 30 days of admission for these consumers.
Frequency	Daily
Record Size	50 Bytes
Rules	Send a record

- for any new consumer with a principle or primary substance abuse diagnosis
- for any new substance abuse diagnosis for an existing client
- for any new drug of choice identified during the reporting period for each consumer
- when the existing substance abuse information is updated or ended

#	Data Name	Format	Data Dictionary Data Code	Key Field	Mandatory /Optional	Position	Valid Values/Remarks
1.	Record Type	Char(2)			Mandatory	1-2	'17' : Add '37' : Update '87' : Delete
2.	Area Program	Char(5)	cons_area_pgm_fac + area_pgm_code	Yes	Mandatory	3-7	
3.	Client Number	Char(10)	cons_id_identifier	Yes	Mandatory	8-17	Case Number
4.	Substance Abuse Start Date	Char(8)	sa_start_date	Yes	Mandatory	18-25	YYYYMMDD
5.	Substance Abuse Drug Code	Char(2)	sav_drug_code	Yes	Mandatory	26-27	
6.	Substance Abuse Drug Age at First Use	Char(2)	sav_age_first_use		Mandatory	28-29	
7.	Substance Abuse Drug Use Frequency	Char(1)	sav_drug_frequency		Mandatory	30	
8.	Substance Abuse Drug Use Route	Char(1)	sav_drug_use_route		Mandatory	31	
9.	Substance Abuse Drug Use Class	Char(1)	sav_drug_use_class	Yes	Mandatory	32	
10.	Substance Abuse End Date	Char(8)	sa_end_date		Optional	33-40	If sent, in YYYYMMDD format Cannot be future date.
11.	Filler	Char(10)			Optional	41-50	Spaces

Name   **Substance Abuse Treatment (Movement) Details(This record is optional). DMH/DD/SAS no longer requires that these records (18, 38,**

    88) to be sent.

Description   This record provides information on substance abuse services received for all area program consumers with a substance abuse diagnosis.

Note: This information was formerly supplied on the Substance Abuse Admission Log

Frequency   Daily   **Discontinued**

Record Size   50 Bytes

Rules

Send a record
- within 30 days of a new Principal or Primary Substance Abuse Diagnosis. This is a mandatory record for these consumers.
  Note: The Division will no longer automatically enroll substance abuse consumers in outpatient services.
- If the existing Substance abuse movement information is updated

#	Data Name	Format	Data Dictionary Data Code	Key Field	Mandatory /Optional	Position	Valid Values/Remarks
1.	Record Type	Char(2)			Mandatory	1-2	'18' : Add '38' : Update '88' : Delete
2.	Area Program	Char(5)	cons_area_pgm_fac + area_pgm_code	Yes	Mandatory	3-7	
3.	Client Number	Char(10)	cons_id_identifier	Yes	Mandatory	8-17	Case Number
4.	SA Treatment (Movement) Start Date	Char(8)	samo_start_date	Yes	Mandatory	18-25	YYYYMMDD
5.	Federal Service Type	Char(2)	federal_service_type	Yes	Mandatory	26-27	
6.	Methadone Planned Indicator	Char(1)	samo_meth_plan_ind		Required	28	
7.	UFDS Code	Char(8)	ufds_code		Required	29-36	
8.	SA Treatment (Movement) End (Release) Date	Char(8)	samo_end_date		Optional	37-44	If sent, in YYYYMMDD format Cannot be future date.
9.	Filler	Char(6)			Optional	45-50	Spaces

Reading the Data Dictionary

Following is a key to reading and understanding the attached data dictionary. Please note that the dictionary is written to facilitate the technical aspects of the data; therefore, there might be some parts of it that are not clear or not consistent with the Area Program Reporting Requirements Please use the Reporting Requirements as your correct source of information; this dictionary is for reference only.

Table Code: Table data element resides on

Name: Long data element name

Code: Data dictionary's code for data element; referenced in above tables. Dictionary is alphabetized by this code.

Label: Indicates if data element is MANDATORY, OPTIONAL, or DERIVED, on the particular table in the data dictionary. **Do not use this to determine area program submission requirements; use the instructions in the reporting requirements above. Ignore those data elements that are labeled 'INSTITUTION ONLY' or 'DERIVED'; these do not apply to area programs.**

Domain: N/A

Type: indicates type and length of field:
                   Char = alphanumeric field
                   Datetime = date and time field
                   Integer = number with no decimals

Description: Definition/description of the data element including valid values and edits. This is the area in which to find detailed descriptions and valid values for reporting.

Annotation:
                   Data migration - processes, notes, etc. for converting data element from current Client Information System.
                   Post migration - processes, notes, etc. pertaining to the regular processing or loading of data into the CDW; used to write load programs.

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Operational Instructions

<u>Deadlines and Schedules</u>

User Acceptance Test Files
- Test system is refreshed with Production data each morning.
- Test files can be sent daily, but the same file can only be sent once per day.
- Test files will be processed as part of a nightly batch cycle after normal business hours.
- Test error files will be available for download the next day (after processing).
- Test error files will be deleted after no more than five business days due to space considerations.

Production Files
- Production files can be sent daily, with a limit of one file per day, M-F.
- All data files must be dated greater than ANY previous data file which has been processed.
- Production files will be processed as part of a nightly batch cycle after normal business hours.
- Production error files will be available for download the next day (after processing).
- Production error files will be deleted after no more than five business days due to space considerations.

Processing Limitations

The only limits for sending data to be processed are those set forth by the **Area Program Performance Agreement** (stipulates that data files are due by the 15th of the month), unless otherwise noted above. There is no longer a monthly batch process by which data needs to be received, in order to be processed. All data is processed nightly by automated batch systems.

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System Access and FTP

Userid's and Passwords

Userid's

- Each area program will have it's own userid's and password's. This will connect you to your own subdirectory on the UNIX machine at SIPS.

- For Production, The UNIX userid will be **apnnn** where nnn= area program number. For example, the UNIX userid for Smoky Mountain will be ap101.

- For Test, The UNIX userid will be **apnnnt** where nnn= area program number and the constant, **t** represents "test". For example, the UNIX userid for Smoky Mountain will be ap101t.

  Please note that in the UNIX world, there is a difference between upper case and lower case. All userids and passwords will be all lower case. If upper case is entered, you will get an error.

  Listed below are all area programs. Please let us know immediately if any of these are incorrect.

101	Smoky Mountain	303	Sandhills Center
103	New River	304	Southeastern Regional
105	Foothills	305	Cumberland
108	Pathways	307	Johnston
109	Catawba	308	Wake
110	Mecklenburg	401	Southeastern Center
112	Piedmont	402	Onslow/Carteret
113	Western Highlands		
201	Crossroads	404	Wilson_Greene
202	CenterPointe	405	Edgecombe-Nash
		407	Neuse
204	Guilford	408	EastPointe (Lenoir, DS, Wayne)
205	Alamance-Caswell/Rockingham	409	Pitt
206	O-P-C	410	Roanoke-Chowan
207	Durham	411	Tideland
208	Five County Mental Health Authority	412	Albemarle

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Passwords

>Please contact Data Operations for password information and follow the TELNET instructions below to change your password as quickly as possible.

>**Again, please note that in the UNIX world, there is a difference between upper case and lower case. All userids and passwords will be all lower case. If upper case is entered, you will get an error.**

>In the future, to change your password (or for System/Communication problems) please contact:

>**ITS Help Desk** @ 919-872-8841 or 1-800-722-3946 and ask for **UNIX Support.**

>To change a password, the following information must be provided:
>- Area program number and name
>- Your name and phone number
>- Current password

In addition you must use **TELNET** to maintain and change passwords. If a new password is granted, it is just temporary and must be changed upon first use. Go to **TELNET** where upon entering the temporary password, you will be prompted to enter a new one. This ensures security, so that not even ITS will know your password.

Host Name, Files, and Subdirectories

Host
>The host name for the UNIX box is:

>**scc01b.its.state.nc.us – for Test data**
>**scc03b.its.state.nc.us – for Production data**

>This is the name to use when FTPing.

>Note: SIMPC will not work for this system.

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Files and Subdirectories

Each area program will have access to its own subdirectory only. You will be allowed to create files on this subdirectory; **modification of existing (previously sent) files will not be allowed.** If you send an erroneous file and you want it deleted **BEFORE** it is loaded to the CDW, you have the authority to remove the file from our system.

The files FTP'ed to the division must be in binary format . The following names must be used:

apnnn_ccyymmdd.dat

       where
       apnnn = UNIX userid i.e. area program number
       ccyy = 4 character year.
       mm = month
       dd = day

apnnn_ccyymmdd.err   **(Area Program Error Report)**

       where
       apnnn = UNIX userid
       ccyy = 4 character year.
       mm = month
       dd = day

apnnn_ccyymmdd.err.dat   **(Area Program Error Data File)**

       where
       apnnn = UNIX userid
       ccyy = 4 character year.
       mm = month
       dd = day

Error Files Returned to Area Programs

Each record in the error file will contain the error transaction, in the same format as sent, followed by the error message. There will be total number of transactions record at the end.

In addition to the above error files, a Batch Control file containing statistics for each Area Program will be provided under the following format and naming convention:

apnnn_ccyymmdd.ctl   **(Area Program Batch Control Statistics Report)**

       where
       apnnn = UNIX userid
       ccyy = 4 character year.
       mm = month
       dd = day

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